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CONFIRMATION NO. 1871

<b>SERIAL NUMBER</b> 10/632,149	<b>FILING OR 371(c) DATE</b> 07/30/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3691	<b>ATTORNEY DOCKET NO.</b> 102636.57988US
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/399,903 07/30/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 OK, M.L., 7/4/2007  
 NONE, M.L., 7/4/2007

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 10/28/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
35 USC. 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Mauricio M. L.</i> Initials				

**ADDRESS**  
23911

**TITLE**  
Method and system for providing rule-based collateral allocation and substitution

<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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